

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Tanaka	Lance	Norman	(808) 547-3920	
MAILING ADDRESS (Street)			FAX	
91-325 Komohana Street			(808) 547-3858	
(City)	(State)	(Zip Code)		
Kapolei	Hawaii	967	96707	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Tesoro Hawaii Corporation		(808) 547-3920	
MAILING ADDRESS (Street)		FAX	
91-325 Komohana Stree	et	(808) 547-3858	
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Lance N. Tanaka		(808) 547-3920	
MAILING ADDRESS (Street)		FAX	
91-325 Komohana Stree	et	(808) 547-3858	
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	<b>⊄</b> Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	ON OF LOBBYIST				
I hereby certify that th	e information furnished abou	ve is, to the best of my knowled	lge, correct and complete.		
			1/25/2007		
- /ku	(Signature of Lobbyist)		(Date)		
		A CONTRACTOR OF THE CONTRACTOR			
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Frank D. Clouse	Vice President & Kapolei Refinery Manager				
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE		
Tesoro Hawaii Corporation			(808) 479-0408		
MAILING ADDRESS (Street)			FAX		
91-325 Komohana Stre	et		(808) 547-3858		
(City)	(State)		(Zip Code)		
Kapolei	Hawaii 96707				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Frank	Clour		1/26/07		
(Signature of A	uthorizing Officer or Person Repre	sented)	(Date)		

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